

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No. _____

Start Card No. 030391

(1) OWNER: Name Jon D Stoneman Address 2506 W, Lk, Sammamish Rd. S E Bellevue
Wa. 98008

(2) LOCATION OF WELL: County Smohash Island SW 4 SW 4 Sec 10 T. 30 N. R. 3 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 3046 W Camano Dr. Camano Isl.

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 225 feet. Depth of completed well 224 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 219 ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.
Liner installed ☐ " Diam. from _____ ft. to _____ ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name JOHNSON

Type 55 Model No. _____
Diam. 5 Slot size #20 from 219 ft. to 224 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.

Material used in seal BENTONITE

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Dirty Sand, Gravel	0	180
Blue Clay	180	218
Sand & Water	218	225

RECEIVED

OCT 30 1989

DEPARTMENT OF ECOLOGY
NORTHWEST REGION

Work started 10-16- , 19 89 completed 10-17- , 19 89

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Dahlman Pump & Well Drilling Inc.
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address P O Box 422 Burlington Wa. 98233

(Signed) Leo Dahlman License No. 0623
(WELL DRILLER)

Contractor's
Registration No. DAHLMFW123LC Date 10-18- , 19 89

(USE ADDITIONAL SHEETS IF NECESSARY)